

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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24	1					
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30	1					
31	1					
32	1					
33		3				
34		3				
35		3				
36		3				
37	1					
38	1					
39		2				
40	1					
41		1				
42	1					
43		1				
44	1					
45		1				
46	1					
47		1				
48	1					
49		1				
50						
TOTAL IND.	12					
TOTAL DEP.						
TOTAL CLAIMS	46					
	58					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						